VENDOR CONFERENCE QUESTIONS
INPATIENT & OUTPATIENT PSYCHIATRIC SERVICES
5/1/07

1. Page 22-Exhibit A, Section 6-Female SOP

   Please provide full reference information to all studies mentioned in the narrative.

   http://www.csc-scc.gc.ca/text/prgrm/fsw/wos17/wos17_e.shtml

   http://www.csc-scc.gc.ca/

   Hislop, J. Ph. D (2001). Female Sex Offenders What Therapist, Law Enforcement and Child Protective Services Need to Know

   Cortoni, F. & Hanson, R.K. (2005). A Review of the Recidivism Rates of Adult Female Sexual Offenders

2. Page 21-Exhibit A, Section 5-Court Evaluations

   Must these evaluations be performed by a psychiatrist? If not, what other professional mental health persons may, by state law, perform competency evaluations?

TITLE X
PUBLIC HEALTH

CHAPTER 135
NEW HAMPSHIRE HOSPITAL AND INSANE PERSONS

Commitment to Hospitals

Section 135:17

135:17 Competency; Commitment for Evaluation. –
I. When a person is charged or indicted for any offense, or is bound over by any district or municipal court to await the action of the grand jury, the district or superior court before which he or she is to be tried, if a plea of insanity is made in court, or said court is notified by either party that there is a question as to the competency or sanity of the person, may make such order for a pre-trial psychiatric examination of such person by a psychiatrist on the staff of any public institution or by a private psychiatrist as the

circumstances of the case may require, which order may include, though without limitation, examination at the secure psychiatric unit on an out-patient basis, the utilization of local mental health clinics on an in- or out-patient basis, or the examination of such person, should he or she be incarcerated for any reason, at his or her place of detention by psychiatrists assigned to a state or local mental health facility. Such pre-trial examination shall be completed within 60 days after the date of the order for such examination, unless either party requests an extension of this period.

II. The district or superior court may allow the parties to obtain separate competency evaluations if such request is made and the circumstances require it. The psychiatric evaluations shall address:

(a) Whether the defendant suffers from a mental disease or defect; and

(b) Whether the defendant has a rational and factual understanding of the proceedings against him or her, and sufficient present ability to consult with and assist his or her lawyer on the case with a reasonable degree of rational understanding.

III. If the psychiatric examiner concludes that the defendant is not competent to stand trial under the definition set forth in II(b), the psychiatric evaluation shall include the examiner's findings as to whether there is a course of treatment which is reasonably likely to restore the defendant to competency.

Source. 1901, 21:1. 1911, 13:1. PL 11:13. RL 17:13. RSA 135:17. 1967, 132:4. 1969, 184:1. 1973, 532:28. 1975, 83:1. 1985, 337:12. 2000, 229:1, eff. Jan. 1, 2001.

Yes, by statute it must be a psychiatrist.

3. Page 6, 4.4.5 Proposal Outline

   There is some confusion over the five page limit referred to in this section versus the requirements in Exhibit A, Scope of Services. Does the five page limit apply not only to Section 4.4.5 but also to the response by the vendor to all items in Exhibit A?

   The Scope of Services page limit has been expanded to fourteen pages and if a Vendor needs to exceed this limit just indicate why and proceed to respond to the Scope of Services section accordingly.

4. Page 6, 4.4.5 Proposal Outline

   Does the vendor attach contract agreements already in place or already started or is the vendor supposed to provide how the vendor would meet the contract requirement?

   The Vendor is supposed to provide how they would meet the contract requirements.

5. Page 11, Section 6.5 Required Documents

#1)
Q: Define further key personnel, i.e., what positions listed in Exhibit A under programs would require CV submission?
A: What is meant is by Key Personnel is all those currently recruited staff that will have a role in the direct care provision of programmatic services.

#2)
Q: Please further explain which organizations have to submit CV's and why?
A: In my opinion, all agencies should submit CV's for all of their currently recruited staff that will have a role in the direct care provision of programmatic services. From a contract management standpoint, I think it is in the best interest of the State to know that the recruited staff who have a role in the direct care provision of programmatic services are properly credentialed. However, G&C only requires that "Social Service Agencies" must provide CV's for the approval of a contract?

#3)
Q: What is the definition of "Social Service Agency?"
A: A social service agency is a non-profit organization, which provides social service programs to a population. An example would be the Rockingham Community Action Program, Inc.

#4)
Q: Why are academic institutions exempt from the CV submission requirement?
A: See # 2 above.

#5)
Q: Are academic institutions considered non-profit?
A: This is a designation that the institution chooses and registers with the Secretary of State's Office, individual agencies must answer this for themselves.

#6)
Q: Verify that for-profit institutions DO NOT have to submit CV's.
A: See #2 above.

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6. Page 23, Exhibit A, Section 7. Substance Abuse

Please provide the number of current positions the NHDOC currently has dedicated to substance abuse treatment.

We do not have dedicated staff providing substance abuse treatment. We do have staff providing psycho-educational programming for offenders identified with substance abuse issues.

State of NH – DOC – Substance Abuse Services

Facilities – Census – Credentials – Services Provided
Staff/Inmate Approximate Ratios

New Hampshire State Prison for Men – Concord

Services Provided: All R&D Screenings, Level I and II, Relapse Prevention Group

- **Program Coordinator – Master's in Counseling Psychology, LCMHC, LADC – full time SAS and supervision**
- **CC/CM – Associate's in Addictions Counseling – LADC – full time SAS**
- **Vacant - CC/CM – full time SAS**

Women's Prison – Goffstown

Services Provided: All screenings, Level I and II

- **CC/CM – Master's in Social Work – LADC - Working toward Social Work Licensure – 80% of time spent doing SAS related work**

North Country Facility

Services Provided: Some screenings – Levels I and II

- **Program Coordinator – Bachelor's in Human Services – working on Master's in Human Services/Organizational Leadership – 50% SAS**
- **CC/CM – Bachelor's Political Science and Criminal Justice – working toward LADC – full time SAS**
- **CC/CM – Master's in Human Services – Community Psychology - working toward LADC – full time SAS**
- **CC/CM – Bachelor's in Psychology minor in Philosophy – working toward LADC – full time SAS**

Lakes Region Facility

Services Provided: Some screenings – Paths (Pre-Release Program) – PV program – no Level II

- **Program Coordinator – Assoc. Nursing and Human Services – LADC, LRN – Reiki, EMDR, Cert. Sports Counselor – 45% of time spent doing SAS related work**
- **CC/CM – 3 classes short of Bachelor's in Criminal Justice and Case Management – 20% of time spent doing SAS related work**
- **CC/CM – 45% of time spent doing SAS related work**
- **CC/CM – Bachelor's degree – full time SAS**
- **CC/CM – Master's in Psychology/Human Services Administration, Certified Personal Trainer – LADC – 60% of time spent doing SAS related work**
- **CC/CM – Master's in Counseling Psychology – 60% of time spent doing SAS related work**
- **CC/CM – Bachelor's in Human Services/Social Work – 50% of time spent doing SAS related work**

Halfway Houses

Calumet House – 64 residents - ratio 1/64

Services Provided: case management, programming

- **CC/CM – Bachelor of Arts – working toward LADC – 75% of time spent doing SAS related work**

***Shea Farm* – 40 residents - ratio 1/40**

Services Provided:

- **CC/CM – Bachelor's in Criminal Justice and Human Services – working toward LADC – 75% of time spent doing SAS related work**

7. Page 22, Exhibit A, Section 6-SOP

   A five stage approach is documented. Please provide an explanation of our current treatment approach.

Intensive Sexual Offender Treatment at NH State Prison consists of approximately 17 to 18 months of treatment occurring over 5 separate Stages of Treatment. Individuals live in the Therapeutic Community, which is a housing unit dedicated specifically to the treatment of sexual offenders.

We utilize a holistic approach to treating sexual offenders that includes a combination of Cognitive Behavioral Therapy, Psycho-Educational groups and the Therapeutic Community concept. The primary goal of the Therapeutic Community TC) is to foster personal growth and to address general areas of concern with offenders, such as responsibility, accountability. This is accomplished through helping individuals to change dysfunctional lifestyles through healthy and respectful challenge and through a community of concerned people working together to help themselves and others. The TC represents a highly structured environment with well-defined boundaries and requires the use of positive, pro-social living skills. High expectations and a highly structured environment as well as commitment from community members and staff support positive change. Insight into one's problems is gained through group and individual interaction, but learning through experiencing natural consequences is considered the most potent influence towards achieving lasting change.

In addition to the TC, individuals also participate in four hours of Core Clinical Therapeutic Groups and two 1 ½ to 2 hour psycho educational groups. The psycho educational groups change each 12 week quarter, so that by the time individuals have completed treatment they have had approximately 10 to 12 psycho educational groups in addition to their main therapy groups, which continue throughout their entire time in treatment.

In their Core Clinical Therapeutic Groups individuals address key components of their offending and work on issues of accountability, responsibility, identifying and challenging distorted thinking, identifying and coping with feelings and inappropriate and/or maladaptive coping skills, which may incorporate deviant fantasies and other forms of deviant behavior. Individuals are expected to identify the patterns of behavior that leads to their offending. Core Clinical Therapy Groups continue throughout an individual's treatment. Psycho educational groups change each quarter and are explained below in the various stages in which they occur.

The **First Stage** of treatment is the assessment phase. Individuals begin learning about therapy and treatment expectations by participating in **Core Therapy Group** and **Rational Emotive Behavioral Therapy Group (REBT)**, in which they start to learn to problem solve by identifying their emotions and challenging their thoughts. They are starting to learn about the Therapeutic Community and about being responsible to other TC members. They also begin intensive work in the Facing the Shadow Workbook, which helps to prepare them for the more intensive treatment groups. They start to look at their patterns of offending, as well as how they developed some of these patterns while completing this workbook.

During the **Second Stage** of Treatment all participants attend the **Boundaries** Focus group that helps them to begin to learn to set and apply boundaries appropriately and to learn about respecting the boundaries of others. Additionally, in this focus group work is done around self-esteem and learning to like and respect themselves. The purpose of this is to learn to respect others by learning to respect themselves. They also participate in a **Problem Solving Group** that is a continuation of the REBT group they participated in during the first stage. Finally, they are expected to pass a full disclosure polygraph.

- The purpose of the polygraph is to insure complete honesty in admitting to their history of offending so that we can be sure to work on all relevant issues.

- We are able to determine the extent of honesty the offender is engaging in during his treatment.
- We find this to be a very useful tool for moving the treatment process along and reducing denial.

The **Third** Stage of Treatment is where we get into the heart of the work we do. Participants takes a **Cycle Focus Group** that focuses on their cycle of offending, so that they can begin to understand how they offended (It didn't just happen) and they begin to learn that they can intervene to prevent re-offending. At the same time they are also participating in the **Social Skills Focus Group** where they are learning more appropriate skills in relation to communication, anger management, listening, and appropriate, healthy relationships. These are skills that they can utilize to intervene in their cycles of behavior.

The **Fourth Stage** continues where they left off with their offending cycles and picks up on every day cycles **(the Here and Now Focus Group)** that participants go through. They practice intervening in cycles and continue to learn about their patterns of behavior. They are also participating in the **Victim Empathy** focus group. In this group work is done that is intended to help offenders look beyond knowledge that they caused harm and begin to get them to really understand the scope of the harm that they caused. Attempts are made to get them to see the abuse through the eyes of their victims. This group utilizes a variety of techniques, including intensive role plays and drama therapy, along with videos, diversity training and other experiential exercises.

In the **Fifth Stage** of Treatment offenders develop a Maintenance Contract and are expected to continue to work on utilizing their interventions at the early stages of their cycles. They are expected to be role models in the community, and to act as mentors for new treatment members. They have the responsibility of orienting new members to the community and are truly the leader of the Therapeutic Community at this point.

- At this point participants are preparing to parole and to return to their communities. Individuals discuss what community expectations and parole expectations will be placed on them and they discuss ways to deal with situations that may come up upon their re-entry into society. Much work is done to get them set up with community treatment providers and to insure that they have support systems lined up for their return to the community.

After successful completion of all five stages individuals receive a discharge summary and recommendations for follow-up treatment and aftercare.

6.1.1 Relapse Prevention Group at NHDOC is described as follows:

The Relapse Prevention Group is an open-ended, open enrollment group for sexual offenders who have previously received and/or completed treatment and have returned to prison for violating a condition of their parole. The parole violation will, in some way, tie into their pattern of sexual offending in order for individuals to be eligible for the Relapse Prevention Group.

Individuals are assessed upon being returned to prison for a parole violation and the assessing therapist makes a treatment recommendation. Offenders must generally comply with the recommendation of the assessment in order to be eligible for parole again.

Treatment Goals:

1) Take responsibility for the parole violation without minimizing.

(a) Identify cognitive distortions related to cause of parole violation.
(b) Confront any denial and accepts full responsibility
(c) Identify additional treatment needs and goals to work on in treatment.

2) Recognize the cycle behavior(s) that led to the violation
   (a) Identify offending cycle behavior, including trigger, low risk, risky emotional states, medium risk, grooming/coercion and high-risk.
   (b) Identify how the parole violation relates to the offending cycle.
   (c) Present an offending cycle identifying how behavior impacts the person in the present day.
3) Identify Interventions for the future
   (a) Assess previous interventions and determine why they did or did not work and develop new and stronger interventions based on new knowledge.
   (b) Demonstrate that the individual is utilizing the new interventions and old interventions on a regular basis.
   (c) Able to identify precursors to offending and is consistent in applying interventions successfully.
   (d) Complete a new Maintenance Contract incorporating new interventions and/or new risky emotional states, medium risk and high-risk areas.

The treatment therapist will make recommendations for individuals to complete treatment and be discharged upon successful completion of treatment goals.

6.1.2 Cognitive Behavioral Treatment at NHDOC is described as follows:

The Cognitive Behavior Group was developed as an alternative to Intensive Sexual Offender Treatment for individuals who have been identified through Clinical Assessment as relatively low risk offenders who appear to not need the structure of the Therapeutic Community or the depth and length of Intensive Treatment. These individuals are generally first-time offenders with no history of aggression or violence. They are required to pass an offense specific polygraph and to take responsibility for their instant (current) offense. Individuals are expected to be open and honest with minimal denial and have the ability to self assess. They need to present with limited cognitive distortions as the time frame and the nature of this group does not allow for significant time to challenge and confront denial. This is a closed enrollment, time limited treatment group that meets two times per week for six months. Meetings take place outside of the Therapeutic Community and participants live in the general prison population. Enrollment is limited to twelve individuals each six-month session. We currently are offering two sessions in each six-month cycle.

Treatment Goals:

1) Understand the concept of Relapse Prevention and how it relates sexual offenses.
2) Understands Deviant Cycle and arousal control components and is able to identify behaviors, thoughts, feelings and situations that are high-risk precursors to re-offending.
3) Develop viable relapse prevention plan approved by therapist and group.
4) Identify high-risk situations and internal and external deterrents to relapse.

Cognitive Behavioral therapy approaches are the predominant method of treatment combined with didactic components, homework assignments, presentations, role-plays and group discussion.

Individuals who have a lengthy criminal history (indicative of an inability to adapt to social norms), have multiple victims, score above low risk on an actuarial risk assessment, have

offenses involving violence or aggression, are in denial or unwilling to discuss their offense, or have previously been in treatment are not considered candidates for the Cognitive Behavioral Treatment Group.

Provide the estimated number of commitments under RSA 135-E per year to the SPU.

We do not have these estimates at this time. 38 offenders meet the criteria for notification upon their maximum sentence date for calendar year 2007.

8. Page 28, Exhibit B, Scoring Sheet, Research Initiatives

Provide a list of all research done over the past three years.

Topic Areas include:

Recidivism

- All offenders
- Sexual Offenders Specific

PTSD study – Women's Facility

NH Center for Public Policy